



WORSHIP ACTION COALITION

# DEVELOPING VACCINE MESSAGING PROGRAMS



**GHC3**  
GLOBAL HEALTH  
Crisis Coordination Center

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## INTRODUCTION

Houses of worship and faith-based organizations have often been a cornerstone in the fight against inequities as well as a trusted source of information and guidance during troubled times. The current health crisis is no exception. Vaccine hesitancy has been a persistent issue in the vaccine roll out process. Houses of worship can play a key role in informing the message development and strategy process, as well as delivering those messages to their congregations and extended communities.

This playbook is intended to support faith groups in their effort to deliver these key messages about vaccination. It is supplemented by additional guides on **setting up your house of worship as a vaccine site** and **developing vaccine access programs**. These materials are an initiative of the GHC3's Worship Action Coalition as part of our commitment to help all faiths return safely to their places of worship and to collaborate with faith leaders to find real solutions to the inequities exacerbated by the pandemic.

The initial aim of the Worship Action Coalition was to create best practices for worshipping in-person safely. We are now focused on 1) the role of clergy as trusted sources of information on COVID vaccines, and 2) congregations at disproportionate risk for COVID-19 as locations where members and the surrounding community can get vaccinated, and 3) how both clergy and houses of worship can participate effectively in addressing health disparities. Together, we're learning about the challenges and working to find real solutions.

If you have question, concerns, or are interested in partnering with the Worship Action Coalition, send an email to [wac@GlobalHealthC3.org](mailto:wac@GlobalHealthC3.org).

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## SECTION 1

### DEVELOPING CULTURALLY RELEVANT, TARGETED MESSAGING

The first step in developing messaging around vaccinations is to consider the attitudes and beliefs of your congregation. What are congregants' stances towards vaccination in general? Do you face issues of misinformation from outside sources?

Here are some tips for crafting messages that will resonate best with your congregation.

#### 1. Use rich, descriptive language to address your audience.

For instance, if you are offering your house of worship as a vaccination site, instead of writing "Vaccination event for immigrants" on your flier, for instance, write "Latino Vaccination Event / Evento de vacunación para la comunidad."

Be wary of words that can be sensitive to strong responses, such as "immigrants" in the above example. Using immigrants as part of the outreach raises the flag for anti-immigrant activists that may decide to show up and protest. Additionally, the word describes a status not everyone feels comfortable disclosing.

#### 2. When messaging about a particular site or event, provide clear information on the following items that might be relevant to your congregations:

- Who is the vaccination provider? What vaccine(s) will be available?
- Who will be at the event? Are there multilingual volunteers on-site? Will the event provide childcare?
- Will the site offer other services or screenings? (e.g., HIV testing, food distribution, etc.)
- How will second dose appointments (if needed) be secured?
- Will there be a special line for seniors, people with limited abilities or those who cannot stand for a long time?
- Will it be walk-up or drive-through?

#### 3. Proof of eligibility or identification is not required at vaccination sites. In your messaging, do not stress the need to bring proof of ID to vaccine appointments. Prioritizing SSN or other forms of proof of identification in messaging creates the appearance of limited eligibility, and including entities associated with law enforcement

as part of the event creates concerns of the safety of community members that might prefer not to have interactions with police.

#### 4. Specific language and tone can change the perception of the intention of communication. We need to be careful with the words we use and how we use them.

- For example, instead of saying, "You will be required to stay for 30 minutes in case of negative reactions," say, "Community health personnel will be available to answer any questions you may have around reactions, care, and what to expect."
- Mentioning the possibility of adverse reactions will cause the anticipation of a negative reaction and can create fear and concerns. Explain that people are encouraged to remain for 15 to 30 minutes in the rare event of severe allergic reaction.

#### 5. Translate messages into relevant languages within and outside your congregation.

- If your congregation has a significant presence of multiple language communities, recruit volunteers from each community to help with translating materials in a way that sounds natural and trustworthy in every language.
- Consider cultural variances in the nuances of specific terms within linguistic communities with large subgroups. You want to develop the most targeted, clear, and natural messaging possible for all groups in your congregation.

#### 6. Recommended best practices to increase accessibility to community members to effective, clear and actionable information and vaccination sites include:

- Limiting the use of technical and medical terminology
- Limiting the inclusion of statistics or terms that audiences find confusing in order to explain the risk.
- Using multiple media of communication (e.g., not just print materials for persons with limited reading skills but also speeches, videos, podcasts, etc.)
- Focusing on awareness and information rather than action and behavior.
- Avoiding literal translations as they can often be inaccurate or lack nuance.
- More guidance on language use is available at [PlainLanguage.gov](https://www.plainlanguage.gov), supported by the General Services Administration.



## SECTION 2

### DISSEMINATING MESSAGING

Messages can be delivered in a variety of ways—through music, humor, and written word, for example. They can be explicitly spoken, delivered dramatically, or spread through word of mouth. You can post written messages on online bulletins, physical bulletin boards, email newsletters, blog posts, or social media.

Messengers should be trusted community members and leaders, but they will vary depending on the audience you are trying to reach. Consider age, cultural background, geography, and socioeconomic status when choosing your messengers.

Rely on past experiences. If you send out a weekly email newsletter to your congregation, use that as your main mode of messaging. If you have a place where you post important information in your house of worship, put resources and informative fliers there.

Stick with your regular, trusted platforms and you will be successful in reaching your congregants. But at the same time, do not be afraid to extend your outreach into new territories—consider adding social media platforms to your messaging repertoire.



### Social Media

Many houses of worship have found that social media is an effective way to reach a large audience, especially younger congregants. Posting videos on Tik Tok, Instagram, Snapchat, YouTube, Twitter, or Facebook that include congregants and faith leaders receiving the vaccine can encourage vaccine-hesitant individuals to do their part for themselves and their community.

Hashtags such as the following can help connect your posts and/or videos with a larger body of resources for the general public to see:

- #CancelCovid
- #HealingStartsHere
- #CovidVaccine
- #ImVaccinated
- #IGotVaccinated
- #VaccinesSaveLives
- #VaccinesWork
- #TheTruthAboutCovid
- #CovidTruths
- #CovidMyths
- #LifeInAPandemic

Don't be afraid to link your posts to other resources about vaccination from the CDC, **state** and **local** health departments, or trusted nonprofits such as the [Association of Immunization Managers \(AIM\)](#) or [Vaccinate Your Family \(VYF\)](#).

The CDC has sample vaccine messages in their [social media toolkit](#) for posting written text and/or infographics to nearly every widely used social media platform. If you're feeling overwhelmed with developing culturally relevant messages, start here and feel free to copy-and-paste these messages, or change them up to create messages that will resonate with your congregation.

## SECTION 3

### **TROUBLESHOOTING: WHEN RELIGIOUS BELIEFS AND VACCINATION APPEAR TO CONFLICT**

#### **Concerns about Ingredients Meeting Dietary Restrictions: *Are the vaccines Halal or Kosher?***

While it is true that some vaccines are made with gelatin from animal by-products, the three vaccines approved for use in the United States, Moderna, Pfizer-BioNTech, and Johnson & Johnson, do not include gelatin in their ingredient lists.

Although none of these vaccines have been officially Halal- or Kosher- certified as of yet, spokespersons for Moderna and Pfizer-BioNTech have publicly announced that there are no pork ingredients or pork derivatives in their vaccines.

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#### **Concerns about Aborted Fetal Tissue: General Approach**

In various stages of vaccine development and manufacturing, some of the COVID-19 vaccines used cells originally isolated from fetal tissue (often referred to as fetal cells), some of which were originally derived from an aborted fetus. The use of fetal cell lines is a very sensitive and important topic within some faith communities and among individuals with concerns about the ethics of using materials derived in this way.

When messaging to your congregation about these concerns, first and foremost, stress the importance of vaccination as a moral responsibility to save lives. Quote religious leaders and institutions such as the ones cited in the following two subsections that grapple with these issues and encourage people of faith to do the ethical choice and get vaccinated.

Listen to your congregants' concerns and address them with a historical overview of the issue, stressing to them that the vaccines do not require nor solicit new abortions, nor do they contain the material of aborted fetuses.

### **History of Fetal Cell Lines in Vaccines:**

Historical fetal cell lines were derived in the 1960's and 1970's from two elective abortions and have been used to create vaccines for diseases such as hepatitis A, rubella, and rabies. Abortions from which fetal cells were obtained were elective and were not done for the purpose of vaccine development.

The fetal cell lines being used to produce some of the potential COVID-19 vaccines are from two sources:

- **HEK-293:** A kidney cell line that was isolated from a fetus in 1973 (undisclosed origin, from either a spontaneous miscarriage or an elective abortion).
- **PER.C6:** A retinal cell line that was isolated from an aborted fetus in 1985.

**Any vaccine that relies on these historic cell lines will not require nor solicit new abortions.**

To develop and manufacture some vaccines, pharmaceutical companies prefer human cell lines over other cells because:

- Viruses need cells to grow, and the viruses tend to grow better in cells from humans than animals (because they infect humans)
- Fetal cells can be used longer than other cell types
- fetal cells can be maintained at low temperatures, allowing scientists to continue using cell lines from decades ago

**While fetal cell lines may be used to develop or manufacture COVID-19 vaccines, the vaccines themselves do not contain any aborted fetal cells.**

- Please visit this **website** for a comprehensive list of COVID-19 vaccines in development and any connection to abortion-derived cell lines.

Inform your congregants that these cell lines have been used with many medical products—not just vaccines—and have the advantage of being very well understood. Using other cell lines would create much uncertainty in the product. Similarly to the vaccines against COVID-19, the two fetal cell lines have also been instrumental in the creation of vaccines against rubella, hepatitis A, shingles, and other diseases, preventing millions of deaths over the decades.

## Concerns about Aborted Fetal Tissue: Pfizer-BioNTech and Moderna

Early in the development of mRNA vaccine technology, fetal cells were used for “proof of concept” (to demonstrate how a cell could take up mRNA and produce the SARS-CoV-2 spike protein) or to characterize the SARS-CoV-2 spike protein, but the mRNA COVID-19 vaccines produced by Pfizer and Moderna do not require the use of any fetal cell cultures to manufacture (produce) the vaccine.

The Pfizer and Moderna vaccines were found to be ethically uncontroversial by the pro-life policy organization the [Charlotte Lozier Institute](#). Further, the [Secretariat of Pro-Life Activities](#), a committee within the United States Conference of Catholic Bishops, has stated: “neither Pfizer nor Moderna used an abortion-derived cell line in the development or production of the vaccine. However, such a cell line was used to test the efficacy of both vaccines. Thus, while neither vaccine is completely free from any use of abortion-derived cell lines, in these two cases the use is very remote from the initial evil of the abortion ... one

may receive any of the clinically recommended vaccines in good conscience with the assurance that reception of such vaccines does not involve immoral cooperation in abortion.”



## Concerns about Aborted Fetal Tissue: Johnson & Johnson

The non-replicating viral vector vaccine produced by Johnson & Johnson did require the use of fetal cell cultures, specifically PER.C6, to produce and manufacture the vaccine.

The [Catholic Church](#) and the [Southern Baptist Ethics & Religious Liberty Commission](#) have both stated that receiving a COVID-19 vaccine that required fetal cell lines for production or manufacture is morally acceptable. [The U.S. Conference of Catholic Bishops](#) goes further and has stated: “receiving a COVID-19 vaccine ought to be understood as an act of charity toward the other members of our community. In this way, being vaccinated safely against COVID-19 should be considered an act of love of our neighbor and part of our moral responsibility for the common good...Given the urgency of this crisis, the lack of available alternative vaccines, and the fact that the connection between an abortion that occurred decades ago and receiving a vaccine produced today is remote, inoculation with the new COVID-19 vaccines in these circumstances can be morally justified.”

On March 2nd, 2021, the U.S. Conference of Catholic Bishops issued a statement which addressed the use of Johnson & Johnson’s COVID-19 vaccine. The Bishops [stated](#): “if one can choose among equally safe and effective COVID-19 vaccines, the vaccine with the least connection to abortion-derived cell lines should be chosen. Therefore, if one has the ability to choose a vaccine, Pfizer or Moderna’s vaccines should be chosen over Johnson & Johnson’s...While we should continue to insist that pharmaceutical companies stop using abortion-derived cell lines, given the world-wide suffering that this pandemic is causing, we affirm again that being vaccinated can be an act of charity that serves the common good.”

The [Catholic Church](#) has stated, “Those who, however, for reasons of conscience, refuse vaccine produced with cell lines from aborted fetuses, must do their utmost to avoid, by other prophylactic means and appropriate behavior, becoming vehicles for the transmission of the infectious agent. In particular, they must avoid any risk to the health of those who cannot be vaccinated for medical or other reasons, and who are the most vulnerable.”

## SECTION 4

### TROUBLESHOOTING: GENERAL COVID-19 VACCINE CONCERNS AND MYTHS

#### 1. Do any of the COVID-19 vaccines authorized for use in the United States shed or release any of their components?

**No.** Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use in the United States contain a live virus. The mRNA and viral vector vaccines are the two types of currently authorized COVID-19 vaccines available.

Learn more about [how mRNA COVID-19 vaccines work](#).

Learn more about [how viral vector vaccines work](#).

#### 2. Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?

**Yes.** If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you.

There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

#### 3. Will a COVID-19 vaccine alter my DNA?

**No.** COVID-19 vaccines do not change or interact with your DNA in any way.

There are currently two types of COVID-19 vaccines that have been authorized and recommended for use in the United States: messenger RNA (mRNA) vaccines and a viral vector vaccine. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept. This means the genetic material in the vaccines cannot affect or interact with our DNA in any way.

All COVID-19 vaccines work with the body's natural defenses to safely develop immunity to disease.

#### 4. Can a COVID-19 vaccine make me sick with COVID-19?

**No.** None of the authorized and recommended [COVID-19 vaccines or COVID-19 vaccines currently in development in the United States](#) contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19.

COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19. Learn more about [how COVID-19 vaccines work](#).

It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection.

#### 5. Can being near someone who received a COVID-19 vaccine affect my menstrual cycle?

**No.** Your menstrual cycle cannot be affected by being near someone who received a COVID-19 vaccine. Many things can affect menstrual cycles, including stress, changes in your schedule, problems with sleep, and changes in diet or exercise. Infections may also affect menstrual cycles.

For other commonly asked questions and answers about the COVID-19 vaccines, please visit the [CDC's Frequently Asked Questions about COVID-19 Vaccination page](#).

**Additional Resources:**

- [Vaccination Information and Recommendations](#) for Christians concerned about their children's health
- [The Islamic Organization for Medical Science's decision](#) on pork-derived products in drugs
- [Findings on religion and vaccines](#) from the Institute for Vaccine Safety

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Global Health Crisis Coordination Center (GHC3) mobilizes corporations and NGOs to collaborate with Federal, State, Local, and Tribal leadership for real-time problem solving and coordination during health-related crises. Following 18 months of funded planning, GHC3 was officially launched by the Center of Global Health Innovation on March 13, 2020, at the request of the CDC Foundation to assist with the COVID-19 pandemic. The Worship Action Committee is a part of GHC3's Back 2 Worship initiative aimed at working with faith and religious leaders to create the best practices for worshipping safely. To that end, we have held several roundtables with prioritized input from leaders whose communities are at increased risk for severe COVID-19 outcomes.

The initial aim of the Worship Action Coalition was to work with a variety of clergy/religious leaders to create best practices for worshipping in-person safely. We are now focusing principally on 1) the role of clergy as trusted sources of information on COVID vaccines, and 2) houses of worship, especially for congregations at disproportionate risk for COVID-19, as locations where people (from congregation and the surrounding community) can get vaccinated, and 3) how both clergy and houses of worship can participate effectively in addressing health disparities. We strive to include religious leaders, especially those representing congregations at high risk, as well as national faith organizations that could be influential in addressing vaccine hesitancy. These playbooks have been created with the valuable input of our diverse coalition of faith leaders at our interfaith roundtable working groups.



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